

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768853 (4)**

1. Corporation Name  
**CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**5 CLIFFORD DRIVE  
SUITE #5  
SHALIMAR FL 32579**

Mailing Address  
**5 CLIFFORD DRIVE  
SUITE #5  
SHALIMAR FL 32579**

3. Date Incorporated or Qualified  
**06/09/1983**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26 P O Box 64**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**28 Shalimar, FL**

24 Zip  
**25** Country  
**29 32579-1250** **30** Country

4. FEI Number  
**59-2496558**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ANGLEA, JERRY RONALD  
5 CLIFFORD DR  
SUITE 5  
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent  
**81 Name, David Manson**  
**82 Street Address (P.O. Box Number is Not Acceptable) 80 Country Club Road**  
**83**  
**84 City Shalimar, FL** **85 Zip Code 32579-1606**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Manson* **DAVID MANSON** DATE **2 APR 96**

12. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | PD  | <input type="checkbox"/> DELETE |
| NAME           | ANGLEA, JERRY RONALD                      |                                 |
| STREET ADDRESS | 117-A CEDAR AVENUE                        |                                 |
| CITY-ST-ZIP    | FT. WALTON BEACH FL                       |                                 |
| TITLE          | SD  | <input type="checkbox"/> DELETE |
| NAME           | RAGANELLA, LOUIS                          |                                 |
| STREET ADDRESS | 500 POCAHONTAS DR                         |                                 |
| CITY-ST-ZIP    | FT WALTON BCH, FL 00000                   |                                 |
| TITLE          | D   | <input type="checkbox"/> DELETE |
| NAME           | WIND, E.C.                                |                                 |
| STREET ADDRESS | C/O WAYNE PATTON REALTY, 96 MIRACLE STRIP |                                 |
| CITY-ST-ZIP    | FT. WALTON BEACH FL                       |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Anglea, J. R.              |  |
| 1.3 STREET ADDRESS | 117 A Cedar Ave., SW       |  |
| 1.4 CITY-ST-ZIP    | Ft. Walton Beach, FL 32548 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          |                            |  |
| 2.2 NAME           | Anglea, J. R.              |  |
| 2.3 STREET ADDRESS | 117 A Cedar Ave., SW       |  |
| 2.4 CITY-ST-ZIP    | Ft. Walton Beach, FL 32548 |  |
| 3.1 TITLE          | PD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Raganella, Louis           |  |
| 3.3 STREET ADDRESS | 500 Pocahontas Drive       |  |
| 3.4 CITY-ST-ZIP    | Ft. Walton Beach, FL 32548 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE          | ST                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Manson, David              |  |
| 4.3 STREET ADDRESS | 80 Country Club Road       |  |
| 4.4 CITY-ST-ZIP    | Shalimar, FL 32579-1606    |  |
| 5.1 TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Miley, Donald H.           |  |
| 5.3 STREET ADDRESS | 611 Alaqua Drive           |  |
| 5.4 CITY-ST-ZIP    | Freeport, FL 32439         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *David Manson* **DAVID MANSON** DATE **2 APR 96** DAYTIME PHONE # **904-651-8273**

CR2E037 (12/95)